THIS COPY WAS ORIGINALLY FILED IN PENDING PARENT APPLICATION SERIAL NO. 09/638,945 AND ACCOMPANIES A NEW DIVISIONAL APPLICATION SUBMITTED

HEREWITH.

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER G12129USW

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.



I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

METHOD FOR PREPARING CAMPTOTHECIN DERIVATIVES

the specification of which	(check only one ite	m below):				
[]is attached hereto with	n Preliminary Amer	ndment.				
[] was filed as United S	tates application Se	erial Noon	and was amended	on	(if applicable).	
[X] was filed as PCT inter	national application	n Number PCT/	JS96/17574	on1 November 1	996_	
and was amended un	der PCT Article 19	on	(if app	licable).		
I hereby state that I have n	lment specifically r	eferred to above.				
I acknowledge the duty to Regulations, §1.56 and a or PCT international filing	ll information whic	h became available	between the filing o	defined in Title 37, Co of the prior application	ode of Federal and the national	
I hereby claim foreign pri applications(s) for patent country other than the Un patent or inventor's certification on which priority is claim	or inventor's certificated States of Americate or any PCT in	cate or 365(a) of an	y PCT international I have also identifie	application(s) designated below any foreign a	ating at least one pplication(s) for	
PRIOR FOREIGN/PCT APPLI	CATION(S) AND	ANY PRIORITY	CLAIMS UNDER	35 U.S.C. 119:		
COUNTRY	APPLICATI	ON NUMBER	DATE	E OF FILING	PRIORITY CLAIMED	
(if PCT indicate PCT)						
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1. PCT	US96	5/17574	1 No	vember 1996	<u></u>	
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<u>4.</u> 5.						
I hereby claim the benefit under T	L Citle 35 United Stat	tes Code 8119(e) of	any United States r	provisional application	(s) listed below:	
Application No	The 35, Office Black	Filing D	ate (MM/DD/YYY	Y)		
1. 60/006,138			November 1995			
2.						
3.						
4.						
5.						

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Continued - Includes References to PCT International Applications)

ATTORNEY'S DOCKET NUMBER GI2129USW

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed

:	material information	olication(s) in the man	Code of F	ed by the first paragraph ederal Regulations, §1.5	n of Title 35, 56 which bed	, United States Coc came available bet	de, §112, I acknowle	dge the duty to disclose of the prior application(s)
	U.S. APPLICAT 35 U.S.C. 120:	IONS OR PCT I	NTERN	ATIONAL APPLI	ICATION	NS DESIGNAT	TING THE U.S.	FOR BENEFIT
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	US96/17574	1 November					X	
POWER	OF ATTORNEY: A	s a named inventor, I	hereby app	oint the following attorn	ney(s) and/o	or agent(s) to prose	cute this application	and transact all business in
the Patent		e connected therewith	. (List nan	ne and registration numb	ber)			
	d J. Levy	Reg. No. 27,655		James P. Riel	k	Reg. No. 39,009		
Char	les E. Dadswell	Reg. No. 35,851		Robert T. Hr	ubiec	Reg. No. 36,392		
	n L. Prus	Reg. No. 39,337		Frank P.Gras		Reg. No. 31,164		
R ; ;	ert H. Brink abeth Selby.	Reg. No. 36,094 Reg. No. 38,298		Shah R. Mak	ujina	Reg. No. 41,174		
	prespondence to:						Direct Telephone C	Calls to:
1 1	David J. Levy. Pate	ent Counsel					·	
444	Global Intellectual	Property Departmen	nt				t .	k P. Grassler 0) 483-6983
	Glaxo Wellcome In						(919	7) 403-0903
F/25	Five Moore Drive, Research Triangle							
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	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	1 55	COND GIVEN NAME/INITIAL	
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j.,	I hereby declare the	nat all statements r	nade herein of m	y own knowledge are true an se statements were made wit	d that all	statements made on informati	
ļ	statements and the	e like so made are	punishable by fin	e or imprisonment, or both,	under sec	tion 1001 of Title 18 of the	
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Signature o	f Inventor 201		Signature of Inventor 202	2	Signature o	of Inventor 203	
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Date							

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER **GI2129USW**

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention

	METHOD FOR	PREPARING CAMP	TOTHECIN DERIVATIVES						
the specification of which	(check only one	item below):							
[]is attached hereto with Preliminary Amendment.									
[] was filed as United States application Serial Noon and was amended on (if applicable).									
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Regulations, §1.56 and a	ll information wh	ich became available b	to patentability as defined in Title etween the filing of the prior appation.	le 37, Code of Federal plication and the national					
I hereby claim foreign pri applications(s) for patent country other than the Un									
on which priority is claim	ed:								
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I hereby claim the benefit under T	itle 35, United St	ates Code §119(e) of a	ny United States provisional apr	lication(s) listed below:					
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COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF **GI2129USW** ATTORNEY (Continued - Includes References to PCT International Applications) I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application: PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120: STATUS (Check one) U.S. APPLICATIONS U.S. FILING DATE PATENTED PENDING ABANDONED U.S. APPLICATION NUMBER 2 November 1995 X 60/006,138 PCT APPLICATIONS DESIGNATING THE U.S. PCT FILING DATE **U.S.FILING** PCT APPLICATION NUMBERS NO. ASSIGNED (if any) 1 November 1996 PCT/US96/17574 POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) James P. Riek Reg. No. 39,009 Reg. No. 27,655 David J. Levy Robert T. Hrubiec Reg. No. 36,392 Charles E. Dadswell Reg. No. 35,851 Frank P.Grassler Reg. No. 31,164 Reg. No. 39,337 Karen L. Prus Reg. No. 41,174 Shah R. Makujina Robert H. Brink Reg. No. 36,094 Reg. No. 38,298 Elizabeth Selby Direct Telephone Calls to: Send Correspondence to: David J. Levy, Patent Counsel Frank P. Grassler Global Intellectual Property Department (919) 483-6983 Glaxo Wellcome Inc. Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709 FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME FULL NAME Francis Gerard **FANG** OF INVENTOR COUNTRY OF CITIZENSHIP STATE OR FOREIGN COUNTRY RESIDENCE & MA US Andover CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS CITY POST OFFICE MA, 01810, US Andover 16 Greybirch Road ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME **FULL NAME** OF INVENTOR XIE Shiping 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITY NC CN Carv CITIZENSHIP 0 POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY CITY POST OFFICE NC 27709, US Glaxo Wellcome Inc. RTP 2 ADDRESS Five Moore Drive, PO Box 13398 SECOND GIVEN NAME/INITIAL FIRST GIVEN NAME FAMILY NAME **FULL NAME** OF INVENTOR 2 STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP RESIDENCE & CITIZENSHIP STATE & ZIP CODE/COUNTRY POST OFFICE ADDRESS POST OFFICE **ADDRESS** FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL FAMILY NAME FULL NAME OF INVENTOR STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 0 RESIDENCE & CITY CITIZENSHIP STATE & ZIP CODE/COUNTRY CITY POST OFFICE POST OFFICE ADDRESS ADDRESS FIRST GIVEN NAME SECOND GIVEN NAME/INITIAL **FULL NAME** FAMILY NAME 2 OF INVENTOR

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